

K051884 plh

AUG 5 - 2005



510(K) SUMMARY OF SAFETY AND EFFECTIVENESS

In accordance with the Food and Drug Administration Rule to implement provisions of the Safe Medical Devices Act of 1990 and in conformance with 21 CFR 807, this information serves as a Summary of Safety and Effectiveness for the use of the CHARLOTTE™ Small MTP Fusion Plate.

Submitted By:	Wright Medical Technology, Inc.
Date:	July 11, 2005
Contact Person:	Wesley L. Reed Regulatory Affairs Specialist
Proprietary Name:	CHARLOTTE™ Small MTP Fusion Plate
Common Name:	Bone Fusion Plate
Classification Name and Reference:	21 CFR 888.3030 Plate, Fixation, Bone – Class II
Device Product Code and Panel Code:	Orthopedics/87/HRS

DEVICE INFORMATION

A. INTENDED USE

The CHARLOTTE™ Small MTP Fusion Plate is intended to help increase the rate of bony union, and to maintain the position of the toe during fusion. Once the joint has fused, the plate is secondary in the transmission of gait forces.

Indications for Use:

- Fractures, osteotomies or arthrodesis of the first metatarsal-phalangeal joint
- Deformity due to hallus valgus
- Deformity due to arthritis in the first metatarsal-phalangeal joint
- Loss of motion- hallux rigidus
- Pain associated with osteoarthritis or rheumatoid arthritis in the first metatarsal-phalangeal joint
- Revision procedures where other treatments or devices have failed; and
- Chronic instability in the first metatarsal-phalangeal joint

headquarters

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B. DEVICE DESCRIPTION

The CHARLOTTE™ Small MTP Fusion Plate consists of plates, and previously cleared screws. The design features of the CHARLOTTE™ Small MTP Fusion Plate are summarized below:

Plate

- Manufactured from ASTM F139
- Left and Right configurations

C. SUBSTANTIAL EQUIVALENCE INFORMATION

The design features, material, and indications for use of the CHARLOTTE™ Small MTP Fusion Plate are substantially equivalent to WMT's Bone Fusion Plate. The safety and effectiveness of the CHARLOTTE™ Small MTP Fusion Plate is adequately supported by the substantial equivalence information, materials information, and analysis data provided within this Premarket Notification.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

AUG 5 - 2005

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Mr. Wesley L. Reed
Regulatory Affairs Specialist
5677 Airline Road
Arlington, Tennessee 38002

Re: K051884
Trade/Device Name: CHARLOTTE™ Small MTP Bone Fusion Plate System
Regulation Number: 21 CFR 888.3030
Regulation Name: Single/multiple component metallic bone fixation appliances
and accessories
Regulatory Class: II
Product Code: HRS
Dated: July 11, 2005
Received: July 12, 2005

Dear Mr. Reed:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

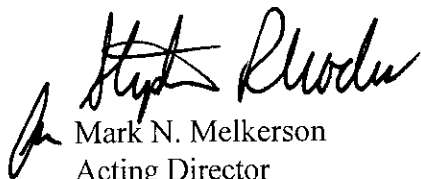
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Page 2 -Mr. Wesley L. Reed

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mark N. Melkerson", is written over a horizontal line.

Mark N. Melkerson
Acting Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known):

Device Name: CHARLOTTE™ Small MTP Bone Fusion Plate System

Indications For Use:

The CHARLOTTE™ Small MTP Bone Fusion Plate System is intended to help increase the rate of bony union, and to maintain the position of the toe during fusion. Once the joint has fused, the plate is secondary in the transmission of gait forces.

Indications for Use:

- Fractures, osteotomies or arthrodesis of the first metatarsal-phalangeal joint
- Deformity due to hallus valgus
- Deformity due to arthritis in the first metatarsal-phalangeal joint
- Loss of motion- hallux rigidus
- Pain associated with osteoarthritis or rheumatoid arthritis in the first metatarsal-phalangeal joint
- Revision procedures where other treatments or devices have failed; and
- Chronic instability in the first metatarsal-phalangeal joint

Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

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(Division Sign-Off)

Division of General, Restorative,
and Neurological Devices

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